

APPLICATION FOR REACTIVATION OF AN IOWA LICENSE

YOU MAY NOT PRACTICE IN THE STATE OF IOWA UNTIL YOUR LICENSE IS ACTIVE.

	Please write clearly and legibly
License Number	
Type of License	
Name: First, Middle, Last	
Mailing Address	
City, State, Zip Code	
E-mail address	
Phone No (Days)	
Date of Birth	
SSN	
Years license has been inactive	<input type="checkbox"/> License has been on inactive status for less than 5 years. <input type="checkbox"/> License has been on inactive status for more than 5 years
Continuing Education Due	See the continuing education requirements for your specific Board: http://idph.iowa.gov/Licensure
Fee Due	The reactivation fee is specified in 645—5(147,158) Chapter 5 Fees http://idph.iowa.gov/Licensure

If you answer “Yes” to any of the next five question, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer “Yes” even when a conviction or judgment has been deferred or expunged from your record. **Since the date your Iowa license was placed on inactive status, have you:**

Yes	No	Been convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime (other than minor traffic violations with fines under \$500)? If you have already reported this incident to the licensing board, you do not need to report it again.
Yes	No	Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim filed against you? If you have already reported this incident to the licensing board, you do not need to report it again.
Yes	No	Been investigated by a licensing, registration, or certification authority or organization? If the investigation or action was instituted by this licensing board you may answer “NO” to this question.
Yes	No	Been disciplined or sanctioned by any other licensing, registration, or certification authority or organization related to your professional practice? If this licensing board took the disciplinary action, you may answer “NO” to this question.
Yes	No	Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)

Continuing Education: Hours cannot be two years older than the date on this application.

Yes	No	I have completed the required continuing education hours and have included the <u>copies</u> of certificates with this application.
Yes	No	I am exempt from the continuing education requirements because I am licensed and reside in another state or district having continuing education requirements for my profession. I have met all continuing education requirements of that state or district for practice.
Yes	No	I am exempt from the continuing education requirements because I have been granted an extension of time to fulfill the continuing education requirements or I have been granted an exemption by the board (due to a physical or mental disability or illness). My doctor and I have completed the ‘Application for Continuing Education Extension/Exemption for Disability or Illness. The application has been mailed to the board office and has been approved by the Board. I have or am in the process of completing the requirements of my exemption.
Yes	No	I am exempt from the continuing education requirements because I was on active military duty. I have included the paper work regarding my orders
Yes	No	I am a government employee working in my specialty and assigned to duty outside the United States
Yes	No	I have been absent from the state but engaged in active practice under circumstances which are approved by the board.

Mandatory Reporting: Licensee, who in the scope of their professional practice, examine, attend, counsel, or treat dependent adults or children in Iowa are required to complete training in dependent adult and/or child abuse identification and reporting during the previous five years. Answer the following four questions.

Are you employed in one of these settings?

Foster care facility, head start program, hospital, intermediate care facility, juvenile detention center, juvenile home, juvenile shelter care facility, licensed child care center, mental health center, nursing facility, registered child care home, residential care facility, state mental health institute, state training school or substance abuse program.

Yes	No	I am not employed in any of these settings.
Yes	No	I am employed in one of these settings, but I do not, in the scope of my professional practice, examine, attend, counsel or treat dependent adults and/or children in Iowa.
		I am employed in one of these settings and, in the scope of my professional practice, I examine, attend, counsel or treat dependent adults and/or children in Iowa and have completed the required training within the last five years.
Yes	No	I am exempt from the mandatory reporting requirements because I was on active military duty.
Yes	No	I am exempt from the mandatory reporting requirements because I have been granted an extension of time to fulfill the continuing education requirements or I have been granted an exemption by the board (due to a physical or mental disability or illness). My doctor and I have completed the 'Application for Continuing Education Extension/Exemption for Disability or Illness. The application has been mailed to the board office and has been approved by the Board. I have or am in the process of completing the requirements of my exemption.

License verification(s) from other states

Yes	No	Since the date that your Iowa license was placed on inactive status, are you or have you been licensed and/or practicing your profession in another state? If yes, list all states: _____
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Attach copies of your proof of completion for each course. In the space provided below, list the course name, course provider, date(s) attended, and continuing education hours earned.

Course Name	Course Provider	Dates	Hours

Certification/Attestation Statement

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my license may be subject to disciplinary action and criminal prosecution.

I understand that this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. In submitting this application, I consent to any reasonable inquiry, including a continuing education audit that may be necessary to verify the information I have provided on, or in conjunction with, this application.

I attest that I do not have a medical condition which impairs or limits my ability to practice my profession with reasonable skill and safety and understand that I must notify the Board should such a condition arise which impairs or limits my ability to practice my profession with reasonable skill and safety.

Licensee Signature

Date

INSTRUCTIONS/CHECKLIST. Applications must be complete and signed to be processed. No application will be considered complete until all required supporting documents and fee have been received.

1. The non-refundable reactivation fee is specified in 645—5(147,158) Chapter 5 Fees <http://idph.iowa.gov/Licensure>. Make check or money order payable to your specific licensing board. **Note:** A \$25 service charge shall be assessed for payments that are dishonored for any reason.
2. Proof of completion of the required number of continuing education hours that comply with the Board's rules. Hours must be completed within two years of the date on this application for reactivation.
3. Verification of the license(s) from every jurisdiction in which you are or have been licensed and are or have been practicing during the time period the Iowa license was inactive, sent directly from the jurisdiction(s) to the board office. Web-based verification may be substituted for verification from a jurisdiction's board office if the verification includes:
 1. Licensee's name;
 2. Date of initial licensure;
 3. Current licensure status; and
 4. Any disciplinary action taken against the license
4. Name changed? A licensee shall notify the board of a name change within 30 days of the change. Include a copy of the legal document that changed your name. (Examples include a court order, marriage certificate, or dissolution of marriage decree.)
 - If you wish to receive a new 8x10 license certificate due to your name change, include the \$20.00 fee

IDPH/Bureau of Professional Licensure
5th Floor, Lucas State Office Building
321 E. 12th St.
Des Moines, IA 50319
Email: PLPublic@idph.iowa.gov
Phone: (515) 281-0254
Fax: (515) 281-3121
Bureau Website: www.idph.iowa.gov/licensure
Online Licensure Services: <https://ibplicense.iowa.gov>